Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	4-7-2010	Address:	5000 block of Dixie Rd	
Case #:	<u>45F51135</u>		Corydon, IN	
County:	<u>Harrison</u>			
Type of Laboratory Seizure (check one)		Seizure Location (c	Seizure Location (check all that apply)	
	ional Lab cal/Glassware/Equipment (only) iite (only)	☐ Residence ☐ Outbuilding ☑ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):				
☐ Red Phosphorous/Iodine Reaction(s):				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s):				
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
Child under age 18 discovered (check one) ☐ Yes (number present) ☐ No *If yes, fax report to Child Protective Services		Ephedrir Retail/M	Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location:				
Fire Department: Heth VFD Health Department: Harrison Co		Fax: <u>Maile</u> Fax: <u>Emai</u> Fax: <u>N/A</u>		
Child Protection Service: N/A				
For further information regarding this methamphetamine laboratory, contact Investigating Officer: K Smith Phone 812.246.5424				
** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.				

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.